COMBINED DECLARATION AND POWER OF ATTORNEY

Attorney Docket No. LE-02/013

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

	'Identity card'' cification of which		. 5			
	(check one) is attached he	ereto.				
	was filed on	as				
		Application Serial No.	and			
	was amended on(if applicable)					
		(if				
	was amended through (if applicable)					
amende	y state that I have reviewed ar d by any amendment referred t	nd understand the contents of the o above.	above identified specification, incl	ading the claims, as		
I acknow Code of	wledge the duty to disclose to the Federal Regulations, §1.56.	ne Office all information known to	o me to be material to patentability as	defined in Title 37,		
below a	nd have also identified below,	national application which designs	65(b) of any foreign application(s) for ated at least one country other than the n application for patent or inventor's on on which priority is claimed:	I Inited States listed		
	Prior Foreign Application(s)	•		Priority Claimed		
	102 32 568.5	DE	18.07.2002	ě o		
	(Number)	(Country)	(Day/Month/Year Filed)	Yes No		
	(Number)			0 0		
	(ivumber)	(Country)	(Day/Month/Year Filed)	Yes No		
	(Number)	(Country)	(Day/Month/Year Filed)	☐ ☐ Yes No		
I hereby	claim the benefit under 35 U.S	.C. §119(e) of any United States	provisional application(s) listed below	v.		
	(Application No.)	(filing date)				
provided informat	loject matter of each of the claim by the first paragraph of Titlician known to me to be material	ms of this application is not disclete 35, United States Code, § 11 to patentability as defined in Title prior application and the national	any United States application(s) listed osed in the prior United States applic 2, I acknowledge the duty to disclose 37, Code of Federal Regulations, § or PCT international filing date of the state of	ation in the manner se to the Office all		
	(Application Serial 190.)	(Filing Date)	(Status)			
	(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

In the matter of the above-identified application, please recognize the attorneys associated with CUSTOMER NUMBER 23416; all of CONNOLLY BOVE LODGE & HUTZ LLP, as attorneys with full power of substitution to prosecute this application and conduct all business in the Patent and Trademark Office connected therewith.

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RESIDENCE			CITIZENSHIP			
POST OFFICE ADDRESS						
FULL NAME OF SIXTH JOINT INVENTOR IF ANY	INVENTOR'S SIGNATURE		DATE .			
RESIDENCE			CTTIZENSHIP			
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RESIDENCE	CITIZENSHIP					
POST OFFICE ADDRESS						
FULL NAME OF EIGHTH JOINT INVENTOR IF ANY	INVENTOR'S SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	DATE			
RESIDENCE	CTTIZENSHIP					
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